



APPLICATION FOR GRAVE MEMORIAL REMOVAL (IC 14-21-2)

State Form

Division of Historic Preservation and Archaeology
402 W. Washington St., W274, Indianapolis, IN 46204-2739
317-232-1646; FAX 317-232-0693; dhpa@dnr.state.in.us



Instructions:

1. Read all instructions before completing the application.
2. Please type or print clearly in black ink.
3. If additional space is required, please attach additional sheets.
4. A copy of this form shall be placed with the County Recorder's Office in which the stone was found.
5. A copy of this form shall be placed with the County Recorder's Office of the new location, if it is in a different county from where the stone was found.
6. A copy of this form shall be sent to the Department of Natural Resources' Division of Historic Preservation and Archaeology.
(see address above)

Filing Date

GRAVESTONE REMOVAL REQUEST

Please fill out one form per tombstone

BOX #1		GRAVE MEMORIAL INFORMATION	
Name on Tombstone			
Date of Birth		Date of Death	
References to other individuals			
Mementos/epitaphs/poems on the tombstone			
BOX #2		ORIGINAL LOCATION OF GRAVE MEMORIAL	
Location where stone was found			
Address (Number and Street)			
City		Zip Code	County
BOX #3		GRAVE MEMORIAL IMAGE	
Image 1: Original placement of grave memorial		Image 2: Close-up of grave memorial	

BOX #4		DESCRIPTION AND IMAGE OF REMOVAL LOCATION	
Description of relocation area		Image of grave memorial at new location	
BOX #5		GRAVE MEMORIAL REMOVAL CONTACT	
Name			
Address (Number and Street)			
City		County	Zip Code
E-mail Address (optional)			
Signature			

REMOVAL OF GRAVE MEMORIAL APPLICATION INSTRUCTIONS

The Grave Memorial Removal Application is completed when an individual lawfully removes a grave memorial. The term "grave memorial" refers to a gravestone, monument, grave marker, or any other type of similar item. A copy of the application is filed with the county recorder of the county where the grave memorial was located before removal, in the office of the County Recorder if it is in a different county from where the stone was found, and to the DNR-Division of Historic Preservation and Archaeology. Please file one form for each grave memorial being removed.

BOX #1 - Grave Memorial Information: The applicant must provide a precise description of all text appearing on the grave memorial as categorized by name, dates of birth and death, references to other individuals, and mementos, epitaphs, poems, and any other additional inscriptions.

BOX #2 - Original Location of Grave Memorial Image: Provides the location name, telephone number (if applicable), and address of the where the grave memorial was found.

BOX #3 - Grave Memorial Images: Applicants must provide a photograph or printed digital image of the grave memorial in its original location and a close-up photograph or printed digital image of the grave memorial. The photograph may be in color or black and white.

BOX #4 - Description and Image of Removal Location: The applicant should provide a written description of the new location of the grave memorial and a photograph or printed digital image of the stone at its new location.

BOX #5 - Grave Memorial Removal Contact: Provide the name, mailing address, telephone number, and e-mail address (optional) for the principal individual responsible for filing the application. **THE APPLICANT MUST SIGN THIS SECTION OF THE APPLICATION SIGNIFYING THAT THE INFORMATION PROVIDED IS COMPLETE AND CORRECT.**